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Image-Assisted Cytology Workload Practices Survey

Laboratory Supervision Section

See the Glossary at the end of this questionnaire for abbreviations.

1. Please select the option which best describes your laboratory.

- ○ Non-profit hospital
- ○ For-profit hospital
- ○ City/County/State hospital
- ○ University hospital/academic medical center
- ○ Public health, non-hospital
- ○ Veteran's Administration hospital
- ○ Department of Defense hospital
- ○ Regional/local independent laboratory group practice
- ○ National/corporate laboratory (owned by a national corporation)

2. Which accrediting body inspects your laboratory?

- ○ College of American Pathologists
- ○ The Joint Commission
- ○ Centers for Medicare & Medicaid Services

3. Please provide information on the laboratory's cytology personnel for 2012.

Personnel	Number of FTEs
Pathologists who practice gynecologic cytopathology	
Pathologists who perform primary screening of GYN slides	
Cytotechnologists	
Cytotechnologists (Included in line above) who screen only gynecologic slides	

4. What were your laboratory's cytology test volumes for 2012?

Preparation type	Number of cases
Total	
GYN ThinPrep®	
GYN SurePath™	
GYN Conventional	
Non-GYN/FNA	

5. How many cases did your laboratory screen by computer-assisted screening in 2012?

Method	Number of cases
Total	
ThinPrep® Imaging	
Focal Point™ GS Imaging System	
GYN Focal Point™ Slide Profiler	

6. What per cent of your imaged assisted GYN cytology cases required Full Manual Review (FMR) in 2012?

_____

7. For workload recording, how does your laboratory count a GYN slide? Select all that apply.

- ○ Each slide screened for FOV is counted as one half (0.5) slide
- ○ Each slide (either FOV or FMR) is counted as 1 slide
- ○ Each slide that is screened for FOV and a FMR is performed, count as 1 slide
- ○ Each slide that is screened for FOV and a FMR is performed, count as1.5 slides

- ○ Other _____

_____

_____

8. **For workload recording, how does your laboratory count a Non-GYN slide? Select all that apply.**
   - ○ Each case counts as 1 slide
   - ○ Each slide counts as 1 slide
   - ○ Each slide prepared by Cytospin® counts as 1 slide
   - ○ Each slide prepared by Cytospin® counts as 0.5 slide
   - ○ Each slide prepared by automated methods (other than Cytospin®) counts as 1 slide
   - ○ Each slide prepared by automated methods (other than Cytospin®) counts as 0.5 slide
   - ○ Each cell block slide counts as 1 slide
   - ○ Each cell block slide counts as 0.5 slide
   - ○ Each smear counts as 1 slide
   - ○ Each smear counts as 0.5 slide

   - ○ Other _____

     _____

9. **Does your laboratory have a written policy that defines when a FMR is required?**
   - ○ No written policy
   - ○ Yes, reasons listed in the policy include: (check all that apply)
     - ○ Reactive cells seen in the FOVs
     - ○ Abnormal cells seen in the FOVs
     - ○ Patients with a history of being high risk
     - ○ No endocervical component seen in the FOVs
     - ○ Scant cellularity seen in the FOVs
     - ○ Evidence of infection is seen in the FOVs

     - ○ Discretion of CT, Explain_____

       _____

10. **If your laboratory includes a MINIMUM % of slides that a CT screens for FMR, how is the number determined?**
    - ○ No minimum % for FMR
    - ○ Equal the % of abnormal cases in our laboratory
    - ○ Double the % of abnormal cases in our laboratory
    - ○ Depends on the ability of the CT

    - ○ Other_____

      _____

11. **If your laboratory includes a MAXIMUM % of slides that a CT screens for FMR, on what is the number based?**
    - ○ No maximum percent for FMR
    - ○ Accuracy of CT interpretation
    - ○ Productivity of total cases interpreted

    - ○ Other_____

      _____

12. What percent of ASC-US cases also test positive for high risk HPV? _____

13. What percent of the NILM slides are rescreened for quality assessment? _____
(Includes random 10% cases and patients that are high risk per laboratory defined criteria)

14. What is the number of cases in each of the following interpretation categories that your laboratory reported in 2012?

INTERPRETATION	NUMBER of CASES	Number of cases with corresponding LSIL+ or (CIN2) biopsy within 6 months of Pap
Total unsatisfactory cases		
Total number of NILM cases		
PRIMARY SCREENING		
Number of ASC-US cases primary screening		
Number of ASC-H cases primary screening		
Number of LSIL cases primary screening		
Number of HSIL+ cases primary screening		
RESCREENING		
Number of ASC-US cases rescreening		
Number of ASC-H cases rescreening		
Number of LSIL cases rescreening		
Number of HSIL+ cases rescreening		

15. Does your laboratory have a process that describes how the Technical Supervisor determines a CT's individual workload maximum?

- ○ No
- ○ Yes

16. What criteria are used for INCREASING a CT's workload maximum? Select all that apply.

- ○ CT consistently screens their workload maximum in less than 8 hours and CT states they are able or want to screen more than their maximum
- ○ Technical Supervisor determines that the CT is qualified to screen more, including:
  - ○ Rescreening of at least 10% of cases interpreted as NILM
  - ○ Comparison of CT interpretation with technical supervisor's confirmation
- ○ Other **–** Describe your criteria _____

_____

_____

_____

_____

17. What criteria are used for DECREASING a CT's workload maximum? Select all that apply.

- ○ CT consistently is unable to screen their workload maximum
- ○ CT states they are unable to screen at their maximum
- ○ Technical Supervisor determines that the CT should screen less
  - ○ Review of at least 10% rescreen
  - ○ Comparison of CT interpretation with technical supervisor's confirmation
- ○ Other **–** Describe your criteria: _____

_____

_____

_____

_____

18. Please provide the following information for each CT working in the laboratory.
(Each letter should correspond to one CT who screens/interprets cytological preparations. If additional letters are required, use double or multiple letters: AA, BB, CC, etc.)

Cytotechnologist Identifier Letter (to be used by CTs for completing the CT Section)	What is the Technical Supervisor assigned maximum screening rate using the FDA standard for calculating slides? *(Please indicate if per 8 hour period or per hour.)	Has the CT's workload maximum been altered in the last 2 years?	How many years has the CT been screening Pap tests?
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			

O			
P			
Q			
R			
S			
T			
U			
V			
X			
Y			
Z			

Glossary

Abbreviation	Definition
ASC-H	Atypical squamous cells – cannot exclude HSIL
ASC-US	Atypical squamous cells – of undetermined significance
CIN2	Cervical intraepithelial neoplasia
CT	Cytotechnologist (includes SCTs)
Cytospin®	Thermo Scientific - Shandon Cytospin® non-gyn thin layer centrifuge
FMR	Full manual review
FN	False negative interpretation
FNA	Fine needle aspiration
FOV	Field-of-view
FP	False positive interpretation
GYN	Gynecological cytology
HPV	Human papilloma virus
HSIL	High-grade squamous intraepithelial lesion
LSIL	Low-grade squamous intraepithelial lesion
NILM	Negative for Intraepithelial Lesion or Malignancy
Non-GYN	Nongynecological cytology
TP	True positive interpretation